

UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
ASHEVILLE DIVISION

IN RE: ) Case No.: 09-10332  
) Chapter 11  
THE HAMMOCKS, LLC )  
dba RICHMOND HILL INN )  
TAX ID #: 01-0713585 )  
Debtor(s) )

QUARTERLY FEE STATEMENT  
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

FOR CALENDAR QUARTER ENDING DECEMBER, 2009.

DISBURSEMENTS\*

1. MONTH	DISBURSEMENTS
<u>OCT 09</u>	\$ <u>45,466.09</u>
<u>NOV 09</u>	\$ <u>36,644.66</u>
<u>DEC 09</u>	\$ <u>36,875.81</u>
TOTAL DISBURSEMENTS FOR QUARTER	\$ <u>118,986.56</u>
2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. § 1930 (a)(7)	\$ <u>975.00</u>
3. QUARTERLY FEE PAID (Attach proof of payment)	\$ <u>975.00</u>
4. AMOUNT OF UNPAID FEES (IF ANY)	\$ _____

I, William G. Gray, acting as the duly authorized agent for the Debtor-In-Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: 1/12/10

William G. Gray  
For the Debtor-In-Possession (Trustee) (Plan Adm.)

(Print or type name and capacity of person signing this Declaration.)

William GRAY

The check for payment of the quarterly fee should be attached to the original of this Quarterly Fee Statement filed with the clerk of court.

\*For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.